

Albany, Rensselaer, Schenectady County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Districts of Albany, Schenectady, and Rensselaer represent a very diverse region including three mid-size urban areas and a large expanse of suburban and rural territory. Prior to the waiver, each of the three districts provided Medicaid transportation on a demand basis, each using a different system for rate determination based on transportation mode. This resulted in inconsistent formulas and higher labor costs in trying to coordinate and set rates for trips that may never be duplicated. Prior to the waiver, there was enormous difficulty contracting with taxi companies based on their discontent with the Medicaid payment system.

Presently the Albany, Rensselaer and Schenectady County Departments of Social Services (DSS) use the coordination model for transportation delivery. The three districts have entered into an agreement with ACCESS Transit, a subsidiary of the local transportation authority, to broker all non-emergency Medicaid transportation for the three districts. This initiative is the only joint waiver currently in operation under the New York State Non-Emergency Transportation Program.

ACCESS Transit is responsible for all prior authorization activities as well as monitoring, improving, and promoting quality transportation. Under the waiver, ACCESS Transit has been able to effectively contract with ambulance, ambulette, and taxi companies in and around the region with a demonstrated decrease in the cost per trip.

Access To Care

ACCESS Transit serves strictly as a broker of transportation for the three district offices within the region. Thus, ACCESS Transit owns no vehicles. ACCESS Transit holds approximately 20 subcontracts with various transportation providers throughout the region.

Recipients are able to arrange transportation by calling ACCESS Transit. ACCESS Transit employees handle all coordinated transportation arrangements with the subcontracted providers.

Cost Analysis

ACCESS TRANSIT is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, ACCESS Transit reimburses subcontractors.

The three districts report the payment on the offline financial form, Schedule E.

After the date of the original implementation of this initiative, the coordinator experienced a substantial, unforeseen increase in expenditures. Upon investigation, these increases were traced to several factors:

- A delay in implementation was needed to insure ACCESS readiness. However, the startup costs approved for implementation aged, resulting in a startup period which was under funded;
- Utilization of transportation services increased due to the implementation of a new Medicaid waiver program for the traumatically brain injured, a program which allowed all transportation used by these participants to be covered under Medicaid;
- Utilization of transportation services increased due to a shift of transportation expenses incurred by Medicaid managed care programs from the managed care rate to fee-for-service; and,
- Utilization of transportation services increased due to an increase in the number of day care programs for elders, many who requested daily transportation.

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 61.0% utilization change factor, and a 14.1% utilization change factor in 2001 (for the reasons stated above). We then compared this amount to the actual expenditures under the initiative, and projected future savings.

Albany, Schenectady & Rensselaer Counties Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$2,141,585

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	61.0%	14.1%	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	61.0%	75.1%	82.9%	87.9%	92.9%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$1,306,367	\$1,608,330	\$1,775,374	\$1,882,453	\$1,989,532
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$3,447,952	\$3,749,915	\$3,916,959	\$4,024,038	\$4,131,117
6. Target Expenditures (-5%) (Line 5 *95%)	\$3,275,554	\$3,562,420	\$3,721,111	\$3,822,836	\$3,924,562
7. Actual Expenditures	\$3,420,198	\$3,547,920			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$27,754	\$201,995	\$195,848	\$201,202	\$206,556
Total Savings For Reported Period ----->					\$833,355

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³ This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Allegany County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Allegany County Department of Social Services (DSS) had previously provided Medicaid transportation through individual drivers the district contracted with for this purpose. All recipients were instructed to call the Allegany County DSS for prior approval for non-emergency medical appointments. Once approved, the recipients would individually arrange for their own transportation through the list of contracted drivers. When private drivers were unavailable, a taxi service was authorized to provide the necessary transportation. Recipients in need of ambulette or non-emergency ambulance transportation received the required transportation.

Under the waiver, using the coordination model for transportation delivery, the Allegany County DSS has contracted with a single transportation provider (coordinator), called Allegany County Transit (ACT). ACT is the county public transportation authority, and either delivers or subcontracts with other transportation providers to deliver non-emergency transportation within Allegany and contiguous counties (both NY and PA) at a flat monthly rate, regardless of the actual number of transports required. The transportation coordinator is responsible for all wheelchair van, taxi, and public bus transportation. The transportation coordinator currently is not responsible for ambulance transportation.

Access To Care

Allegany County DSS is responsible for prior approval of all non-emergency medical transportation requests from recipients. Recipients telephone district staff who approve the need and mode of transport. Upon approval, the recipient's travel information is provided to the transportation coordinator, who schedules the transportation to and from appointments.

Cost Analysis

ACT is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses subcontractors.

Allegany County DSS reports the payment on the offline financial form, Schedule E.

As outlined below, Allegany County DSS is spending more than anticipated, when the initiative began. Originally, the coordinator was approved to reimburse the costs of non-emergency ambulance, costs included in the \$409,963 annual amount paid to the coordinator. Allegany County DSS, however, assumed the coordinator will phase-in the reimbursement of non-emergency ambulance, and assume all payments by the end of calendar year 2002. Allegany County DSS has been reimbursing the cost of non-emergency ambulance outside the \$409,963 amount during this phase-in period.

The Department has been in discussion with Allegany County staff on this matter, and has been assured that this phase-in will be implemented as scheduled. In the calendar year 2002, and for future years, the Department projects annual savings associated with this initiative.

Allegany County Initiative

Costs Prior to Startup Year, 1998 -----> \$431,540

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	9.1%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	9.1%	16.3%	24.1%	29.1%	34.1%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup * Line 3)	\$39,270	\$70,341	\$104,001	\$125,578	\$147,155
5. Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup + Line 4)	\$470,810	\$501,881	\$535,541	\$557,118	\$578,695
6. Target Expenditures (-5%) (Line 5 * 95%)	\$447,270	\$476,787	\$508,764	\$529,262	\$549,760
7. Actual Expenditures	\$530,187	\$530,187			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	(\$59,377)	(\$28,306)	\$26,777	\$27,856	\$28,935
Total Savings For Reported Period ----->					(\$4,115)

¹ Percent increase from FFY 1998-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Chautauqua County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Chautauqua County Department of Social Services (DSS) employs the coordinated model for transportation delivery. Transportation is coordinated by Chautauqua Area Regional Transportation System (CARTS), which is the county public transit authority. CARTS is responsible for the transport of recipients who require public bus, taxi, or wheelchair van transportation. All ambulance transportation is handled directly by the county.

Access To Care

CARTS, which has vehicles of its own, handles all prior authorizations for Medicaid non-emergency transportation within the county. Two local telephone contact numbers (county-wide access), staffed by CARTS' prior authorization staff, are available for recipients to use to make transportation arrangements.

CARTS' own vehicles are used to transport only wheelchair-users and ambulatory clients.

Cost Analysis

CARTS is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses subcontractors.

Chautauqua County reports the payment on the offline financial form, Schedule E.

After the date of the original implementation of this initiative, the coordinator experienced a substantial, unforeseen increase in the number of recipients using coordinated transportation services. Upon investigation, these increases were traced to the positive effects of Medicaid managed care programs in Chautauqua County, the implementation of the traumatic brain injury program, and the increasing array of medical services generally available to recipients.

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 35.8% utilization change factor. We then added 7.2% to account for the Medicaid inflation rate for 2001, and compared

this amount to the actual expenditures under the initiative, and projected future savings.

Chautauqua County Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$979,957

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	35.8%	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	35.8%	43.0%	50.8%	55.8%	60.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$350,825	\$421,382	\$497,818	\$546,816	\$595,814
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$1,330,782	\$1,401,339	\$1,477,775	\$1,526,773	\$1,575,771
6. Target Expenditures (-5%) (Line 5 *95%)	\$1,264,243	\$1,331,272	\$1,403,886	\$1,450,434	\$1,496,982
7. Actual Expenditures	\$1,287,806	\$1,287,806			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$42,976	\$113,533	\$73,889	\$76,339	\$78,789
Total Savings For Reported Period ----->					\$385,524

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Chenango County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Chenango County Department of Social Services (DSS) employs the coordination model for transportation delivery under the Medicaid transportation waiver. Chenango County Public Transit (CCPT) holds the contract for transportation coordination for the Medicaid transportation program in Chenango County. The waiver currently includes stretcher van service, wheelchair, taxi and bus transport. Transportation is delivered either by CCPT vehicles, or the vehicles of subcontractors.

Since initial implementation of the waiver, CCPT provides contiguous and non-contiguous service to Chenango, Broome, Cortland, Delaware, Onondaga, Madison, and Otsego Counties, in order to provide services not available in Chenango County. Close to 90% of transports are provided by wheelchair vans and the Dial-A-Ride program (prearranged curb-to-curb service).

Access To Care

Under the waiver, the Chenango County DSS staff remain in charge of all prior approval of Medicaid transportation services. Upon approval, trip information is sent to CCPT. CCPT is responsible for coordinating and providing transportation of county Medicaid recipient medically necessary trips. One contact number is available for making transportation arrangements. CCPT holds six main subcontracts, with primary and auxiliary providers in each of the five areas that are in the common medical market area.

Cost Analysis

CCPT is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses subcontractors.

Chenango County reports the payment on the offline financial form, Schedule E.

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 4.5% change factor, followed by a 7.2% change in 2001, both which account for the Medicaid inflation rate for each of these two years. We compared this 2001 amount to the actual expenditures under the initiative, and projected future savings.

Chenango County Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$541,366

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or , if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$24,361	\$63,340	\$105,566	\$132,635	\$159,703
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$565,727	\$604,706	\$646,932	\$674,001	\$701,069
6. Target Expenditures (-10%) (Line 5 * 90%)	\$509,155	\$544,235	\$582,239	\$606,601	\$630,962
7. Actual Expenditures	\$450,000	\$450,000			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$115,727	\$154,706	\$64,693	\$67,400	\$70,107
Total Savings For Reported Period ----->					\$472,633

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Greene County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Greene County Department of Social Services (DSS) employs the coordination model for transportation delivery under the non-emergency Medicaid transportation waiver. Transportation services for Greene County are brokered by the AMA Transportation Service (AMA), and are limited to the coordination of taxi services for ambulatory recipients in Greene County.

Greene County faces several transport issues due to its rural geography, which includes Hunter Mountain, cumbersome winter weather, and an extensive common medical market area. Recipients are commonly served in Albany, Saratoga and Westchester Counties, and some require trips to New York City, Philadelphia or Boston for special cases.

Access To Care

Prior authorization services are handled by the county for all Medicaid transportation services, including the taxi services covered under the waiver. AMA uses its own vehicles, or subcontracts with additional providers to ensure that all taxi transportation is provided.

Cost Analysis

AMA is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses subcontractors.

Greene County reports the payment on the offline financial form, Schedule E.

Greene County's taxi utilization has increased during the life of this initiative, begun in 1998. Greene County has achieved a high rate of recipient enrollment into Medicaid managed care plans. Strong emphasis on primary care has resulted in an appropriate increase in the volume of trips provided. Additionally, the extreme mountainous nature of Greene County, along with the extensive medical marketing area outside the district, led to an overall increase in the number of miles transported.

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 29.0% utilization change factor to

account for the changes in utilization. We then added 7.2% to account for the Medicaid inflation rate for 2001, and compared this amount to the actual expenditures under the initiative, and projected future savings.

Finally, in mid-December 2001, AMA assumed the coordinated taxi initiative from the previous taxi coordinator, at an annual reduction of over \$24,000 from the amount paid to the previous coordinator.

Greene County Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$321,767

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	29.0%	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	29.0%	36.2%	44.0%	49.0%	54.0%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$93,313	\$116,480	\$141,578	\$157,666	\$173,754
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$415,080	\$438,247	\$463,345	\$479,433	\$495,522
6. Target Expenditures (-5%) (Line 5 * 95%)	\$394,326	\$416,335	\$440,178	\$455,462	\$470,746
7. Actual Expenditures	\$333,784	\$412,344			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$81,296	\$25,903	\$23,167	\$23,972	\$24,776
Total Savings For Reported Period ----->					\$179,114

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³ This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Herkimer County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Herkimer County Department of Social Services (DSS) employs the coordination model for transportation delivery under the non-emergency Medicaid transportation waiver and employs the offline reimbursement Schedule E method for billing.

Herkimer Progressive (HP) is contracted for all aspects of non-emergency Medicaid transportation for Herkimer County DSS, including authorization, coordination, dispatch, and the majority of transportation provision. The hallmark of HP is coordination. Scheduling is done daily for the next day, and is characterized by maximization of ridership, putting as many recipients on one trip as possible, as well as flexibility. HP was able to sharply decrease the number of ambulance trips made under the waiver by providing extra wheelchair vans and stretcher vans, a mode of transportation not readily available in the region. HP re-screening of recipients facilitated re-assignment to more appropriate modes of transportation.

Access

HP is responsible for all aspect of transportation coordination. Prior authorization for transport requests is available through a toll-free telephone number. HP owns most of the vehicles they use, and provides approximately 90% of the transports themselves. While they do provide wheelchair van service, they must subcontract for ambulance, stretcher vans and occasionally with a few, small, owner operated taxi companies.

Cost Analysis

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 4.5% change factor, followed by a 7.2% change in 2001, both which account for the Medicaid inflation rate for each of these two years. We compared this 2001 amount to the actual expenditures under the initiative, and projected future savings.

Herkimer County Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$853,844

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization ²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$38,423	\$99,900	\$166,500	\$209,192	\$251,884
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$892,267	\$953,744	\$1,020,344	\$1,063,036	\$1,105,728
6. Target Expenditures (-40%) (Line 5 *60%)	\$535,360	\$572,246	\$612,206	\$637,821	\$663,437
7. Actual Expenditures	\$349,000	\$327,000			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$543,267	\$626,744	\$408,137	\$425,214	\$442,291
Total Savings For Reported Period ----->					\$2,445,654

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Ontario County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Ontario County Department of Social Services (DSS) employs the coordination model for transportation delivery under the non-emergency Medicaid transportation waiver and employs the offline reimbursement Schedule E method for billing.

The current coordinator is County Area Transportation System (CATS), who is the public transit authority for Ontario County. CATS is responsible for all non-emergency ambulance, wheelchair van, taxi and bus transportation. CATS is best able to judiciously assign recipients to the public transit system, which results in the most efficient use of Medicaid resources.

Access

Prior authorization services are handled by Ontario County DSS. The district offers multiple contact numbers providing no-toll coverage throughout the district. Most of the areas of commerce and medical services are distributed across the northern part of the district, which is serviced by the New York State Thruway and other interstate routes and has well defined fixed route county public transportation services. However, the Medicaid population in this mostly rural county is primarily served by the Dial-A-Ride program, a prearranged transport service for individuals who are not on the public fixed route.

Cost Analysis

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 4.5% change factor, followed by a 7.2% change in 2001, both which account for the Medicaid inflation rate for each of these two years. We compared this 2001 amount to the actual expenditures under the initiative, and projected future savings.

Ontario County Initiative

Anticipated Expenditures w/o Waiver, 1999³ -----> \$1,221,180

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$54,953	\$142,878	\$238,130	\$299,189	\$360,248
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$1,276,134	\$1,364,059	\$1,459,311	\$1,520,370	\$1,581,429
6. Target Expenditures (-5%) (Line 5 * 95%)	\$1,212,327	\$1,295,856	\$1,386,345	\$1,444,351	\$1,502,357
7. Actual Expenditures	\$963,000	\$963,000			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$313,134	\$401,059	\$72,966	\$76,018	\$79,071
Total Savings For Reported Period ----->					\$942,247

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³This was the amount listed in the evaluation of waiver, submitted to CMS September 2001.

NA= Not Applicable

Steuben County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Steuben County Department of Social Services (DSS) previously provided Medicaid transportation through individual drivers, taxi and livery services, provider agencies, and town/city specific bus transportation. All recipients were required to call the Steuben County DSS for prior approval for non-emergency medical appointments. Once approved, the local DSS staff arranges for transportation through the list of providers.

Under the waiver, to begin September 2002, the county will use the coordination model for transportation delivery and employ the offline reimbursement Schedule E method for billing. The Steuben County DSS will use a single transportation provider (coordinator). The coordinator either delivers or subcontracts with other transportation providers to deliver transportation within Steuben and contiguous counties (both NY and PA) at a flat monthly rate, regardless of the actual number of transports required. The coordinator will be responsible for all wheelchair van, taxi, and public bus. The coordinator is not responsible for ambulance transportation.

This initiative is pending. It will begin after formal CMS approval of this waiver extension.

Access

Steuben County DSS will be responsible for prior approval of all non-emergency medical transportation requests from recipients. Upon approval, the recipient's travel information will be provided to the transportation coordinator, who schedules the transportation to and from appointments.

Cost Analysis

In this analysis, the Department used the actual fee-for-service amount for calendar year 2001. Steuben County DSS intends to save 5% from these expenditures. Steuben County DSS does not foresee any new administrative spending to accommodate this initiative.

Over the first three years of this initiative, Steuben County DSS anticipates savings of \$95,536.

Steuben County Initiative

Costs Prior to Startup Year, 2001 -----> \$564,633

Year ----->	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.8%	12.8%	17.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup * Line 3)	\$44,041	\$72,273	\$100,505
5. Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup + Line 4)	\$608,675	\$636,906	\$665,138
6. Target Expenditures (-5%) (Line 5 * 5%)	\$578,241	\$605,061	\$631,881
7. Difference Between Anticipated w/o Waiver Implementation And Target Expenditures (Annual Savings) (Line 5 - Line 6)	\$30,434	\$31,845	\$33,257
Total Savings For Reported Period ----->			\$95,536

¹ 2002 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Orange County Ambulette and Taxi Initiative

Method

Competitive Bid Procurement

Description

Currently, Medicaid transportation in Orange County is coordinated through the Orange County Department of Social Services Medical Transportation Unit. Recipients or facilities called trips into the unit, and transportation was arranged based on eligibility. Rates are based on mode (taxi or ambulette) and distance traveled. The recipient selects the transportation provider from among those participating.

Under the new program, Orange County DSS has established a competitive environment where transportation providers submit bids on established transportation zones. The provider submitting the lowest bid will receive routing to the extent of that provider's capacity, at which point routing will be submitted to the next highest bidder. The higher cost provider will not be used while the least expensive provider has available capacity to transport recipients. A Medicaid recipient will not have the freedom to choose another provider when directed to use the less costly provider. Accordingly, Orange County DSS will assure the availability of Medicaid transportation.

This initiative is pending. It will begin after formal CMS approval of this waiver extension.

Access

Orange County DSS is responsible for prior authorization of transportation requests. There is a single contact number. Recipient requests for transportation will be aggregated into routes involving multiple pick-ups and drop offs. Transportation cost will be formalized in contracts with Orange County DSS. The district will implement routing and scheduling that will group individual recipients into group rides with multiple pickup and drop-offs within a particular zone.

Cost Analysis

In this analysis, the Department used the actual fee-for-service amount for calendar year 2001. Orange County DSS intends to save 15% from these expenditures. Orange County DSS does not foresee any new administrative spending to accommodate this initiative.

Over the first three years of this initiative, Orange County DSS anticipates savings of \$2,112,074.

Orange County Initiative

Costs Prior to Startup Year, 2001 -----> \$4,160,902

Year ----->	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.8%	12.8%	17.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup * Line 3)	\$324,550	\$532,595	\$740,641
5. Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup + Line 4)	\$4,485,452	\$4,693,497	\$4,901,543
6. Target Expenditures (-15%) (Line 5 * 85%)	\$3,812,635	\$3,989,473	\$4,166,311
7. Difference Between Anticipated w/o Waiver Implementation And Target Expenditures (Annual Savings) (Line 5 - Line 6)	\$672,818	\$704,025	\$735,231
Total Savings For Reported Period ----->			\$2,112,074

¹ 2002 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Orange County Dialysis Initiative

Method of Assuring Transportation

Competitive Bid Procurement

Description

Orange County Department of Social Services' (DSS) Medicaid transportation dialysis initiative is unique and is limited to dialysis patients only. Currently, the contract has two contractors providing services:

- Master's Coach transports individuals to the Good Samaritan Hospital Dialysis Center and the Middletown Dialysis Center, at the annual amount of \$185,640.
- Visconti transports individuals to the St. Luke's Hospital Dialysis Center, at the annual amount of \$115,400.

Both contracts run from June 2001 to May 2002, with options to extend into future years.

Due to the limited number of recipients who require dialysis (less than 100), and the routine nature of transporting the same individuals at the same time three times a week, the dialysis trip is well suited for the competitive bid model.

Access

Orange County DSS is responsible for prior authorizations of necessary transportation. There is a single contact number. Due to the recurrent nature of the dialysis trip, there is not much demand placed on the telephone system by this particular cohort.

Cost Analysis

Payment is handled through the MMIS system. Every month, the total number of recipients transported will be divided into the monthly lump sum amount. Authorization will be issued at a monthly amount for each of the recipient's transports.

The Department's analysis begins with the final year (1999) "Anticipated Expenditures Without Waiver" amount which was submitted in the September 2001 Evaluation of the New York State Non-emergency Medicaid Transportation Waiver. For the year 2000, we added a 4.5% change factor, followed by a 7.2% change in 2001, both which account for the Medicaid inflation rate for each of

these two years. We compared this 2001 amount to the actual expenditures under the initiative, and projected future savings.

Orange County Dialysis Initiative

Anticipated Expenditures w/o Waiver, 1999 -----> \$1,146,098

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$51,574	\$134,093	\$223,489	\$280,794	\$338,099
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$1,197,672	\$1,280,191	\$1,369,587	\$1,426,892	\$1,484,196
6. Target Expenditures (-60%) (Line 5 * 40%)	\$479,069	\$512,076	\$547,835	\$570,757	\$593,679
7. Actual Expenditures	\$138,548	\$301,040			
8. Difference Between Anticipated w/o Waiver Implementation And Target or Actual Expenditures (Annual Savings) (Line 5 – Line 6, or Line 5 - Line 7)	\$1,059,124	\$979,151	\$821,752	\$856,135	\$890,518
Total Savings For Reported Period ----->					\$4,606,680

¹ Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
 2001-02 Percentage Used by Fiscal Management Group, Department of Health.
 2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Orange County Westchester Medical Center Initiative

Method of Assuring Transportation

Select Arrangement for Transportation Efficiencies

Description

Orange County Department of Social Services (DSS) realized that a significant number of recipients traveled outside the county to the Westchester Medical Center (WMC), where specialty care unavailable in Orange County is provided. The WMC is a major medical care for the region, and attracts patients from a multi-county area.

From February 1992 through January 1993, Orange County DSS paid taxi providers \$215,030 to transport Orange County recipients to and from the WMC.

In 1993, Orange County DSS requested providers to bid on the taxi transportation of recipients to and from the WMC. The contracted provider (coordinator) would either deliver or subcontract with other transportation providers to deliver all taxi transportation of Orange County recipients from the recipient's home to and from the WMC. For a flat monthly amount, the coordinator would provide one daily roundtrip to and from the WMC, of all recipients requiring transportation that day.

The current two-year contract, which expired May 31, 2002, involved two roundtrips daily, one that arrives at WMC at 8 AM, the second that arrives at 12:30 PM. The annual amount reimbursed is \$134,900. A new contract is continuing this successful initiative.

Access

Orange County DSS is responsible for prior authorizations for the trips to the WMC. There is a single contact number. Once approved, the information is sent to the coordinator for scheduling.

Currently, the coordinator transports anywhere from four to 20 persons each day.

The two arrival times at the WMC, 8 AM and 12:30 PM, insure that recipients are able to make either their morning or afternoon appointment.

Cost Analysis

In this analysis, the Department does not have the original amount spent on this particular transportation, prior to implementation of this initiative. Therefore, the Department used the actual contract amount paid to the coordinator during the

first year of operation (February 1992 to January 1993). Since this time in 1992, general Medicaid expenditures have increased by 59.2%, to the year 2000. We then added 7.2% to account for the Medicaid inflation rate for 2001. If the standard trend of expenditure increases was followed, we would have expected a 2001 current contract amount around \$357,810.

We compared this amount to the actual expenditures under the initiative (\$134,900). This is an amount lower than that paid in 1992, while the number of daily transports to the medical center has increased from one to two.

Orange County Westchester Medical Center Initiative

Contracted Amount First Year of Operation, 1992 -----> \$215,030

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	59.2%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or , if applicable, Line 2)	59.2%	66.4%	74.2%	79.2%	84.2%
4. NYSDOH Medicaid Annual % Increase Adjustment (First Year Contract Costs * Line 3)	\$127,298	\$142,780	\$159,552	\$170,304	\$181,055
5. Anticipated Expenditures With Inflation Increase (First Year Contract Costs + Line 4)	\$342,328	\$357,810	\$374,582	\$385,334	\$396,085
6. Target Expenditures (-40%) (Line 5 * 60%)	NA	NA	\$224,749	\$231,200	\$237,651
7. Actual Expenditures	\$132,858	\$134,900			
8. Difference Between Anticipated With Inflation Increase And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$209,470	\$222,910	\$149,833	\$154,134	\$158,434
Total Savings For Reported Period ----->					\$894,780

¹ Percent increase from FFY 1992-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Cortland County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Cortland County Department of Social Services (DSS) employs the coordination model for transportation delivery under the non-emergency Medicaid transportation waiver. Cortland Transit (CT) holds the contract for transportation coordination for the Medicaid transportation program in Cortland County. The waiver currently includes wheelchair, taxi and bus transport. Transportation is delivered either by CT vehicles, or the vehicles of subcontractors.

Since initial implementation of the waiver, CT provides transportation within Cortland County, and to the counties contiguous to Cortland, areas of which are part of the district's common medical marketing area.

CT is responsible to arrange for long distance transports outside the common medical marketing area; however, these travel expenses are outside the amount paid to CT.

Access To Care

Under the waiver, the Cortland County DSS maintains oversight of the initiative. Recipients telephone CT with requests for transport. Upon determination of Medicaid eligibility, CT establishes a pickup time.

CT is responsible for coordinating and providing transportation of medically necessary trips.

Cost Analysis

CT is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses any subcontractors used.

Cortland County reports the payment on the offline financial form, Schedule E.

CT began operations in January 1994, at a monthly amount of \$29,750. Beginning July 1999, CT agreed to a five-year contract at a monthly amount of \$27,250.

In this analysis, the Department does not have the original amount spent on this particular transportation, prior to implementation of this initiative. The Department

used the actual contract amount paid to the transportation vendor during the first year of operation (1994). Since this time, general Medicaid expenditures have increased by 16.8%, to the year 2000. We then added 7.2% to account for the Medicaid inflation rate for 2001. If the standard trend of expenditure increases was followed, we would have expected a current contract amount around \$442,680. The actual amount spent was \$327,000.

Cortland County Initiative

Contracted Amount First Year of Operation, 1994 -----> \$357,000

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	16.8%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	16.8%	24.0%	31.8%	36.8%	41.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (First Year Contract Costs * Line 3)	\$59,976	\$85,680	\$113,526	\$131,376	\$149,226
5. Anticipated Expenditures With Inflation Increase (First Year Contract Costs + Line 4)	\$416,976	\$442,680	\$470,526	\$488,376	\$506,226
6. Target Expenditures (-5%) (Line 5 * 95%)	NA	NA	\$447,000	\$463,957	\$480,915
7. Actual Expenditures	\$327,000	\$327,000			
8. Difference Between Anticipated With Inflation Increase And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$89,976	\$115,680	\$23,526	\$24,419	\$25,311
Total Savings For Reported Period ----->					\$278,912

¹ Percent increase from FFY 1994-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
 2001-02 Percentage Used by Fiscal Management Group, Department of Health.
 2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Chemung County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Chemung County Department of Social Services (DSS) employs the coordination model for transportation delivery under the non-emergency Medicaid transportation waiver. Chemung County Transit (CCT) holds the contract for transportation coordination for the Medicaid transportation program in Chemung County. The waiver currently includes taxi and bus transport, including wheelchair accessible bus service for persons who reside within the public transit routes established by CCT. Transportation is delivered either by CCT vehicles, or the vehicles of subcontractors.

Non-emergency ambulance transportation, and wheelchair van transportation outside the routes covered by CCT, is not included in this initiative.

Since initial implementation of the waiver, CCT provides transportation within Chemung County, and to Sayre, PA, which is part of the Chemung County common medical marketing area. Long distance transportation is also provided to Rochester, NY, where substantial specialty care is available.

Access To Care

Under the waiver, the Chemung County DSS maintains oversight of the initiative. Recipients telephone CCT with requests for transport. Upon determination of Medicaid eligibility, CCT establishes a pickup time.

CCT is responsible for coordinating and providing transportation of medically necessary trips.

Cost Analysis

CCT is reimbursed on a lump sum basis, regardless of the number of transports delivered. In turn, the coordinator reimburses any subcontractors used.

Chemung County DSS reports the payment on the offline financial form, Schedule E.

This coordinated initiative began during the 1980's, and has had continued success since that time. This well-established method of transporting recipients has become ingrained in Chemung County.

The Department does not have financial data available for the period of time when the initiative began. Thus, in order to portray the cost benefits of this initiative, the Department looked at the fee-for-service expenses of two other districts, Ulster and St. Lawrence, which the Department believes are socio-economically similar to Chemung (see second table). While we understand that this savings comparison cannot be used as a valid measure of actual Chemung County savings, the comparison does offer a reasonable substitute to determine the positive financial impact of this initiative.

The average expenditures for these two districts for calendar year 2001 were \$759,200. We then compared this amount to the actual expenditures under the initiative, and projected these expenditures into future years.

Chemung County Initiative

Actual Expenditures Year 2000 -----> \$682,902

Year ----->	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.2%	15.0%	20.0%	25.0%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For Year 2000 * Line 3)	\$49,169	\$102,435	\$136,580	\$170,726
5. Anticipated Expenditures With Inflation Increase (Costs For year 2000 + Line 4)	\$732,071	\$785,337	\$819,482	\$853,628
6. Target Expenditures (-5%) (Line 5 * 95%)	NA	\$746,070	\$778,508	\$810,946
7. Actual Expenditures	\$716,625			
8. Difference Between Anticipated With Inflation Increase And Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$15,446	\$39,267	\$40,974	\$42,681
Total Savings For Reported Period ----->				\$138,368

¹ Percent increase from FFY 2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

NA= Not Applicable

Chemung County Initiative--Compared To Ulster and St. Lawrence Districts

Average Expenditures Year 2001 -----> \$759,200

Year ----->	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	7.2%	7.8%	5.0%	5.0%
2. Cumulative Medicaid Annual % Increase (Consecutive Summation of Line 1)	7.2%	15.0%	20.0%	25.0%
3. NYSDOH Medicaid Annual % Increase Adjustment (Average Expenditures Year 2001 * Line 2)	\$54,662	\$113,880	\$151,840	\$189,800
4. Anticipated Average Expenditures Ulster & St. Lawrence		\$873,080	\$911,040	\$949,000
5. Anticipated Expenditures For Chemung County		\$785,337	\$819,482	\$853,628
6. Actual Average Expenditures Ulster & St. Lawrence	\$759,200			
7. Actual Expenditures For Chemung County	\$716,625			
8. Difference Between Similar Districts and Chemung (Line 6 - Line 7 or Line 4 - Line 5)	\$42,575	\$87,743	\$91,558	\$95,373

Oswego County Initiative

Method of Assuring Transportation

Coordinated Transportation

Description

The Oswego County Department of Social Services (DSS) employs the coordination model for transportation under the non-emergency Medicaid transportation waiver. Oswego County Opportunities (OCO) holds the contract for transportation coordination for the Medicaid transportation program in Oswego County. The waiver currently includes non-emergency ambulance, wheelchair, taxi, bus and personal vehicle transport. Transportation is delivered either by OCO vehicles, or the vehicles of subcontractors.

Since initial implementation of the waiver, OCO provides transportation within Oswego County, and to the counties contiguous to Oswego, which are part of the district's common medical marketing area.

OCO is responsible to arrange for long distance transports outside the common medical marketing area; however, these travel expenses are outside the amount paid to OCO.

Access To Care

Under the waiver, the Oswego County DSS maintains oversight of the initiative. Recipients telephone OCO with requests for transport. Upon determination of Medicaid eligibility, OCO establishes a pickup time.

OCO is responsible for coordinating and providing transportation of medically necessary trips.

Cost Analysis

OCO is reimbursed in two manners, based upon the mode of transportation used.

- For non-emergency ambulance, wheelchair van, taxi and bus transports, reimbursement is made at a set amount per one-way trip basis. This amount is the same amount, regardless of the mode of transportation used. In turn, the coordinator reimburses any subcontractors used.
- For personal vehicle transports, OCO is reimbursed \$0.15 per mile, the same amount paid to recipients who use their own vehicle, up to a maximum of \$800 per month.

Oswego County reports the payment on the offline financial form, Schedule E.

OCO began operations in January 1991, at a one-way trip amount of \$25.00. Beginning January 2002, OCO agreed to a one-year contract at a one way trip amount of \$21.00.

In this analysis, the Department does not use the total expenditures as a gauge to determine success. Success is achieved on a per trip basis, regardless of the volume of needed trips.

During the first year of operation (1991), the per trip amount was \$25.00. Since that time, general Medicaid expenditures have increased by 76.7%, to the year 2000. Since increases in expenditures are due to a combination of increases in reimbursement and utilization, we cannot apply this 76.7% to the actual reimbursement amount. The Department assumes that, within the time span, the actual reimbursement amounts would have increased 20%, to \$30.00. We then assumed a \$2.00 per trip increase in the year 2002.

The actual amount reimbursed to the coordinator in 2000 and 2001 was \$21.00. This is a reduction from the \$25.00 amount paid in 1991, and represents a per trip savings of \$9.00 or 30% from expected per trip expenditures.

Using actual trip data, the Department did determine the accrued overall savings due to the control of the per trip amount (see second table).

Oswego County Initiative--Cost Per Trip Analysis

Costs Beginning Startup Year, 1991 -----> \$25

Year ----->	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	76.7%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization²	20.0%	None	10.0%	None	None
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or , if applicable, Line 2)	20.0%	20.0%	30.0%	30.0%	30.0%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Startup Year 1991 * Line 3)	\$5	\$5	\$8	\$8	\$8
5. Anticipated Expenditures With Inflation Increase (Costs Startup Year 1991 + Line 4)	\$30	\$30	\$33	\$33	\$33
6. Target Cost Per Trip (-20%) (Line 5 * 80%)	\$24	\$24	\$26	\$26	\$26
7. Actual Cost Per Trip	\$21	\$21	\$21		
8. Difference Between Anticipated With Inflation Increase And Target <u>or</u> Actual Cost Per Trip (Line 5 - Line 7, or Line 5 - Line 6)	\$9	\$9	\$7	\$7	\$7

¹ Percent increase from FFY 1991-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² While the general increase in all NY Medicaid expenditures from FFY 1991-2000 was 76.7%,
the Department assumes that the actual change in reimbursing amount would have increased 20%
(the remaining % increase is due to increases in utilization).

Oswego County Initiative--Utilization Analysis

Year ----->	2000	2001	2002	2003	2004
1. Anticipated Cost Per Trip With Inflation Increase	\$30	\$30	\$33	\$33	\$33
2. Actual <u>Or</u> Target Cost Per Trip (-20%) (Line 1 * 80%)	\$21	\$21	\$21	\$26	\$26
3. Actual or Anticipated One Way Trips	55,984	53,804	54,000	54,000	54,000
4. Anticipated Expenditures w/o Waiver Implementation (Line 1 * Line 3)	\$1,679,520	\$1,614,120	\$1,782,000	\$1,782,000	\$1,782,000
5. Actual or Target Expenditures (Line 2 * Line 3)	\$1,175,664	\$1,129,884	\$1,134,000	\$1,425,600	\$1,425,600
8. Difference Between Anticipated w/o Waiver Implementation And Actual <u>or</u> Target Expenditures (Annual Savings) (Line 4 - Line 5)	\$503,856	\$484,236	\$648,000	\$356,400	\$356,400
Total Savings For Reported Period ----->					\$2,348,892